

Indiana Department of Child Services  
2009-2011 PIP Quarterly Report Update  
Quarter 5: June 1, 2010 to August 31, 2010

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**Four PIP Strategies:**

- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
- 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.1. All existing FCMs, FCM Supervisors, Local Office Directors, and Regional Managers will be trained in the final stages of TEAPI: planning and intervening.	1.1. (a). Complete TEAPI training according to the developed roll-out training plan and calendars for FCMs, FCM Supervisors, Local Office Directors and Regional Managers.	Q1	MB Lippold and D. Judkins	Training Plan, roll-out calendar, sign-in sheets	<i>TEAPI was completed for the majority of DCS staff on 5-6-09. Also, the TEAPI training schedule indicates the dates and regions that were trained on each of the Practice Model Skills. 100% of all Local Office Directors and Regional Managers have completed training for all elements of TEAPI. Of the existing 1,557 Family Case Managers, only a small percentage in six regions have not been trained. Regions 1,3, 5 and 10 have less than 1% of staff who are not trained in all elements of TEAPI and Regions 16 and 17 have between 2% and 11% of staff not fully trained. Those staff who were not trained or did not complete the TEAPI training will do so through New Worker Training. The TEAPI training spreadsheet attached includes FCMs, FCM Supervisors and Local Office Directors. ( see Appendices : A.1.Training Roster, A.2. roll-out calendar, A.3. analysis of staff completion.)</i>	Evidence of completion renegotiated via email on 6-30-09. In Appendix A.1, "CWPPG" is listed as trainer, what does the acronym stand for? When does Indiana anticipate all staff will complete training? -----DISCUSSED During 12-15-09 conference call - CWPPG means Child Welfare Policy & Practice Group. Benchmark completed based upon discussion.	completed with submission of 1st QSR on 10/7/2009

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CFSR Program Manager,  
Indiana Department of Child Services



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402 West Washington Street, Room W392 / Indianapolis, IN 46204-2739

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.2. Ensure consistency in timely response to CA/N (child abuse/neglect) reports across regions.	1.2. (a). Data will be collected, analyzed, and a QAR report will be developed which identified a baseline for improvement at the local levels.	Q4	A. Green	QAR report for timeliness of initiation at the local and Regional levels.	<i>The QAR results were generated from the quarterly surveys ending in December 2009. See Appendix 1.2 a (1) QAR Data Report</i>	2 appendices (1.2adoc and 1.2a1QAR Data Report identified the performance of Regions for the period ending 12/09. Statewide performance was 83%. Region' driving performance (below 85%) were R2 at 82.4 (LaPorte); 7 at 78.7 (grant); 9 at 84.4 (Boone and Hendricks; 10 at 75 (Marion); 15 at 84.2 (Ohio and Switzerland); 16 at 82 (Warrick (25) and Pike); and 18 at 62.7 (Scott, Clark and Floyd). Are the numbers reported in the report to be the baselines that the Regions will use to gauge improvement?	complete with submission of 4th QSR
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.2. Ensure consistency in timely response to CA/N (child abuse/neglect) reports across regions.	1.2. (b). The Regional Manager will review QAR results for each county that is found to be in non-compliance of timely initiation response for one (1) QAR review.	Q4, Q6, Q8	D. Judkins	Review schedule and review plan at Q4, Q6, and Q8.	<i>See Appendix 1.2 b (1) QAR Review schedule and Appendix 1.2 b (2) Review Plan</i>	Will there be an additional monitoring report in Q6 and Q8?	Q 4 requirements completed with submission of 4th QSR
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.2. Ensure consistency in timely response to CA/N (child abuse/neglect) reports across regions.	1.2. (c.) Each region will submit a quarterly Strategic Action Plan (SAP) that will address response timeliness in compliance with statutory requirements.	Q4, Q6, Q8	D. Judkins	SAP report	<i>See Appendix 1.2 (a)(b) Excerpts from STAR Report</i>	Will there be an additional monitoring report in Q6 and Q8?	Q 4 requirements completed with submission of 4th QSR
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.2. Ensure consistency in timely response to CA/N (child abuse/neglect) reports across regions.	1.2. (d). The SAPs will be based on the practice indicators, and QAR results and reviewed by executive management quarterly for discussion and further planning.	Q4, Q6, Q8	D. Judkins	SAP reports and outcome of further planning determined.	<i>See Appendix 1.2 (a)(b) Excerpts from STAR Report</i>	Will there be an additional monitoring report in Q6 and Q8?	Q 4 requirements completed with submission of 4th QSR

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.3. CFTMs/case conferences will be used to develop effective and achievable <b>comprehensive</b> safety plans <b>planning</b> to ensure children are safe at the time of DCS' initial involvement and thereafter until case closure.	1.3. (a). Assessors (investigators) will conduct a CFTM/Case conference during the initial stage of the case and develop a safety plan when a report is substantiated and further action is determined (IA, In-home CHINS, and Out of Home Chins).	Q2	D. Judkins	QAR Report will indicate the percentage of initial CFTMs completed with a safety plan developed.	<i>According to a QAR report period ending in September 2009, a total of 1,679 assessment cases (385 assessments resulting in IAs and 1,294 assessments resulting in CHINS) were surveyed to indicate the development of a safety plan during the initial stage at a case conference or CFTM once a substantiation was established. (See <b>Appendices</b> : P.1.QAR Data Analysis and P.2. IA and CHINS Survey Report).</i>	Analysis completed which shows that Region 10 is substantially the driver of the data which indicates that IA/CHINS case assessment response on the statewide average is around 50% mark. Overall CHINS cases appear to struggle more so than IA cases with larger counties performing less than smaller counties. Region 10, with performance in the 30's% range appears to be driver of the data in both IA/CHINS. Given the results of this assessment, does the State have any plans to target interventions/work with Region 10 to improve performance? Will steps 1.3b & c target Region 10 and larger county performance overall for CHINS cases?----- IN response during 3/10/10 call: Marion will get bulk	q 2 completed 3/3/2010
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.3. CFTMs/case conferences will be used to develop effective and achievable <b>comprehensive</b> safety plans <b>planning</b> to ensure children are safe at the time of DCS' initial involvement and thereafter until case closure.	1.3. (b). <del>CFTMs will occur at every critical decision of the case. During the life of the case, CFTM minutes will include the safety plan. FCMS will enter written minutes/safety plan in the CFTMs contact note in ICWIS system. Safety planning policy will be developed to include safety planning in CFTM notes</del>	Q4, Q6 <del>Q4</del>	D. Judkins and A. Green	Analysis of ICWIS system report identify concerns regarding safety plan completion and safety plan content, and steps taken to address these concerns. <del>Released</del> <b>Policy</b>	<i>This step was renegotiated out of the PIP during the 6-2-10 Federal Call and replaced with the following step(s). <b>The draft of the CFTM policy is attached with the revisions for safety plan expectations and guidance to the field. The policy is currently in the signature phase. See Appendix 1.3 b (1) Policy Draft</b></i>	benchmark amended during Q3 call. -----Draft polict indicates that a current safety plan is to be included on CFTM notes. When will policy be released? Also I was unable to link to the Safet Plan - Can Indiana share a copy of it? Once release date and copy of plan are received benchmark will be considered complete -----received and reviewed during annual PIP visit	Q 4 completed

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.3. CFTMs/case conferences will be used to develop effective and achievable <b>comprehensive</b> safety plans <b>planning</b> to ensure children are safe at the time of DCS' initial involvement and thereafter until case closure.	<del>1.3. (c.) Field Operations in collaboration with PQI unit will randomly select CFTM contacts for review to analyze the content of safety plans and to address concerns identified.</del> <b>Approved step:</b> 1.3.c Supervisors will use the Reflective Practice Survey to assess and monitor the FCM skill sets for safety planning with the family.	<del>Q5, Q7</del> <b>Q6</b>	D. Judkins and A. Green	<del>Analysis of ICWIS system report identify concerns regarding safety plan completion and safety plan content, and steps taken to address these concerns.</del> <b>Analysis of RPS results and case summaries.</b>		benchmark amended during Q3 call.	
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.3. CFTMs/case conferences will be used to develop effective and achievable <b>comprehensive</b> safety plans <b>planning</b> to ensure children are safe at the time of DCS' initial involvement and thereafter until case closure.	<b>Approved Step:</b> 1.3. (d). Results of the RPS data will be submitted to RMs for review and corrective action plans will be developed as needed.	<b>Q7</b>	D. Judkins	<b>STAR Report</b>		action step and benchmark added during Q3 call.	

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.4. Review current risk and needs assessment tools to align with TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (a). Form a committee to identify a comprehensive risk and needs assessment tool that will replace existing independent assessments and screening tools, correlate with the TEAPI practice model, and further guide and support risk and needs evaluation in the field.	Q3	D. Judkins	List of committee members and meeting minutes.	<i>During Quarter 1, a committee was formed to identify and assess current assessments and screening tools with the effort to identify a singular comprehensive risks and needs assessment tool. ( <u>Appendix M</u> : List of committee members and meeting minutes)</i>	List of committee members and initial meeting minutes were provided. While names were given, their role in the Agency was not identified. It would be beneficial to identify their roles in the agency so that we can understand the perspectives that are represented on the committee. Can this be included with next report? ----- resolved during 12-15-09 call	complete with the submission of the 1st QSR on 10/7/2009

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.4. Review current risk and needs assessment tools to align with TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (b). Committee will make recommendation to DCS management for review of tool and plan for implementation.	<b>Q3:</b> Recommendations from the workgroup Q7: Implementation Plan. (Discussed during Federal Conference Call 6-2-10, recommendations from workgroup approved.)	D. Judkins	Committee recommendation and outcome of review (Q3) and Implementation plan (Q7).	<i>The workgroup committee in conjunction with executive management agreed to use the CANS assessment tool to assess the strengths and needs of children. Eventually, the CANS tool will be modified to include caregiver questions along with an Algorithm that will generate service related recommendations for the caregivers. (update: CANS will not be modified to include add'l caregiver questions; it has an adequate amount already.) The workgroup researched and gathered information from other states on how to combine Safety and Risk assessments. Currently under the guidance of the Deputy Director of Field Operations, technical assistance has been requested through Barry Salovitz at Casey and National Resource Center on how to merge safety and risk assessments together. This is uncharted territory for Indiana, a major practice and paradigm shift. On 2-23-10, ACF approved the extension of the due date to change from Q3 to Q6. An additional extension is requested to Q7 to allow more time to receive the TA assistance and to find a tool that will work for Indiana. (See Appendices: JJ.1 Workgroup Recommendations, JJ.2. Outcome of Review)</i>	IN: Q3: Recommendations from the workgroup Q6: Implementation Plan. Renegotiated and approved 2-23-10. Additional request to move the Implementation Plan from Q6 to Q7 to allow more time for TA assistance and locating a tool. ACF: workgroup recommendations received so Q3 evidence of completion is received. Indiana notes that it is receiving TA from Casey and an NRC. Which NRC is involved? Is the timeframe for merging safety/risk assessment doable? State is requesting delay in implementation plan to Q7 - let's discuss during quarterly call.-----Discussed during 3rd Qtr call and revisions agreed upon by ACF	Q3 requirements complete with 3rd qtr submission

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.4. Review current risks and needs assessment tools to align TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (c.) The tool is selected, policy is revised to reflect the new tool, staff are trained the tool via Computer Assisted training and the tool will then be used by FCMs.	Renegotiated to Q6 (Approved 3-10-10) If the extension is granted for 1.4.(b), the due date will	D. Judkins, A. Green and MB Lippold	Copy of tool and CAT training report along with distributed policy.	Renegotiated to Q6 - The workgroup is currently researching instruments that will combine or assess risk and safety together and that will replace the current tool. Presently the CANS is being modified to address the caregiver needs. Additional time is needed to finalize research and select instrument. (Approved 3-10-10) If the extension is granted for 1.4.(b), the due date will need to change to Q8. During Federal Conference Call on 6-2-10, extension approved for 1.4 (c) and (d) to be moved to Q8.	Discussed during 3rd Qtr call and agreed	
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.4. Review current risks and needs assessment tools to align TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (d). Modify QAR tool to incorporate new assessment tool, and then utilize QAR tool to measure progress after implementation of the newly revised risk/needs assessment tool.	Q8	A. Green	QAR tool showing modification that incorporates new tool along with QAR report that documents use of new tool.	Q6 Renegotiated to Q7 (Approved 3-10-10) If the above extensions are approved this step will need to be included in Indiana's 5-year CFSP plan with a status update provided during the 2012 APSR report. During Federal call on 6-2-10, extension approved for 1.4 (c) and (d) to be moved to Q8.	Discussed during 3rd Qtr call and agreed	

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.	1.5. (a). Develop concurrent planning training for DCS field staff, i.e. FCMs, FCM supervisors, Local Office Directors and Executive Managers and provide the training by regions. Additionally, develop roll-out plan for training.	Q4	D. Judkins and MB Lippold	Concurrent planning curriculum and roll-out calendar.	DCS, in collaboration with Indiana University's School of Social Work and the Child Welfare Education Training Partnership, completed a trainer's manual on Concurrent Planning. The manual's objective is to describe the purpose and role of concurrent planning as well the values of understanding timelines, full disclosure, indicators, strategizing and documentation. Concurrent Planning Policy was developed and effective April 1, 2010 to provide practice guidance to field staff. (See Appendices 1.5 a (1) Trainer's Manual, 1.5 a (2) Policy, and 1.5 a (3) Roll-out training calendar.	appendices received prior to annual PIP visit and benchmark completed	Q4 completed

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.	1.5. (b) Incorporate Concurrent planning in the "what could go wrong" of the CFTM agenda and equip staff with skills to discuss this by the concurrent planning training.	Q6	MB Lippold and D. Judkins	Revised CFTM agenda template.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.	1.5. (c.) Develop concurrent planning Policy and then utilize CAT (computer aided training).	Q7	D. Judkins	CAT training module and policy.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.	1.5. (d) Develop curriculum on permanency planning (1 day workshop) in collaboration with the Indiana Judicial Center. Offer training regionally for DCS staff and court personnel using videoconferencing capability.	Q6	MB Lippold and A. Brown (Indiana Judicial Center)	Permanency planning curriculum developed. Attendance sheets and training calendar established and published.			

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<del>1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.</del>	<del>1.5. Implement Permanency Planning system-wide while focusing on the "life of the case", placement stability, and timeliness.</del>	<del>1.5.(f). Permanency teams in DCS Regions 6,7 and 14 will develop a referral process to the CJP/DCS Permanency Project to staff their most difficult and long-standing permanency cases.</del>	<del>Q3-Q8 (Renegotiated out and replaced by revised)</del>	<del>D. Judkins and A. Brown (Indiana Judicial Center)</del>	<del>Referral process developed. Recommendations from Permanency Pilot Project on the staffed</del>	<del></del>	<del>Renegotiated out and replaced by revised 3.4 PIP item as discussed during 2nd Qtr call n 3-10-10 pending receipt of revised PIP item.</del>	<del></del>

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.6. Local offices will monitor and improve compliance regarding statutory hearing requirements to increase timely permanency for children.	1.6. (a). Central Office legal staff will review current law to identify any gaps in timeframes relating to detention, initial, fact-finding, dispositional hearings and TPR hearings in CHINS and TPR cases as well as timely filing of TPR.	Q2	J. Lozer and A. Green	Report of the review results will be provided to the Director and Agency	(See <b>Appendix R.1: Memorandum of Statutory Review</b> ).	No gaps noted. Suggestions was made to consider proposing time limits or guidelines for court decisions and orders in certain situations (more so as moving toward permanency) - Has Indiana decided whether it will move forward with these? ----- Discussed during 3-10-10 call - Focused on continuances; larger court systems are doing better in terms of timeframes due to ability to organize, devote specialists, efficiencies. Greater challenges in smaller counties. Need greater specialization the additional burden for courts may be counterproductive at this time. Discussed TA and need to have it be the court's idea.	Q2 Completed 3-31-10

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Indiana Department of Child Services



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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.6. Local offices will monitor and improve compliance regarding statutory hearing requirements to increase timely permanency for children.	1.6.(b). If gaps are identified, introduced Legislation that permits detention and initial hearings to be conducted as part of the same proceeding. DCS' General Counsel will instruct DCS local office attorneys to timely file TPR petitions in cases supervised by DCS.	Q3	J. Lozer	Proposed legislative agenda.	(See <b>Appendix R.1</b> : <i>Memorandum of Statutory Review</i> ).	Review completed on an annual basis; legislation enacted 2009 requiring initial and detention hearing at same time.	Q2 Completed 3-3-10
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.6. Local offices will monitor and improve compliance regarding statutory hearing requirements to increase timely permanency for children.	1.6. (c.) Central Office legal staff in collaboration with the Performance Quality Improvement (PQI) unit will review the field practices in 92 counties via QAR results to identify any gaps in timeframes relating to detention, initial, fact-finding, dispositional hearings, and TPR hearings, and in CHINS and TPR cases as well as timely filing of TPR.	Q2,Q6 (Renegotiated to Q3, Q6, per discussion with FEDs and approved August 2009)	J. Lozer and A. Green	Outcome of collaboration and QAR review.	See <b>Appendix R.2</b> ( <i>QAR Data Analysis of Review Results</i> )	It seems like the larger counties are doing better (12%) than the smaller counties with Region 4 bringing down the larger county average. Given that the "no" response from the larger counties make up the majority of the "no" responses statewide, will there be targeted intervention with the larger counties to improve in this area now that the analysis has identified the barriers ( court decision; continuances). How can the courts be brought into this? Regarding Question 9, in those cases where tpr hadn't been filed for a child in placement for 15 out of 22 months, does Indiana have any information on whether the children were in relative care or if a compelling reason had been documented for not filing? Overall, will Indiana be revisiting this in Q 6 to determine if improvements have occurred?	Q2 initial analysis completed 3/3/2010

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State of Indiana  
Mitchell E. Daniels Jr., Governor - James W. Payne, Director  
402 West Washington Street, Room W392 / Indianapolis, IN 46204-2739

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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.6. Local offices will monitor and improve compliance regarding statutory hearing requirements to increase timely permanency for children.	1.6. (d). If gaps are identified, form a taskforce to assist the Regional Managers in development of corrective measures and the implementation of those measures that will be addressed in the regional SAPs. The corrective measures will strengthen the timeframes between initial and detention hearings, compliance with TPR filings requirements as well as fact-finding and dispositional hearings.	Q2, Q6 (Renegotiated to Q3, Q6, per discussion with FEDs and approved August 2009)	J. Lozer and A. Green	Taskforce recommendations and SAP reports with corrective measures.	<i>The taskforce was comprised of Regional Managers from Regions 10 and 15, Chief Legal Counsel from Region 10, staff attorney from Region 11, and Deputy Directors from Legal and Field Operations. The taskforce reviewed QAR data from each county and developed a legal staffing form designed to aid in local staff attorneys and FCMs adherence to statutory timeframes. In Quarter 3, The Regional STAR Report will reflect the use of this tool in selected regions along with a roll-out plan to implement the tool statewide by Q4. (See <b>appendix R: Taskforce Recommendations</b>) *See <b>Appendix KK.1: Excerpts from STAR Report</b></i>	-----	Q2, 3 completed - Q6 update due in Q6
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.7. Establish the use of Mock Trial DVD for staff training purposes to improve worker skills in court hearings.	1.7. (a). Develop curriculum for Mock Trial DVD to train FCMs, new FCMs and local office staff attorneys on case management, permanency and legal issues.	Q3	D. Judkins and MB Lippold	Mock Trial DVD and training curriculum.	<b>See Appendices:</b> LL.1. Training Presentation, LL.2. Mock Trial DVD, LL.3. New Worker Trainer Manual Court Testimony, LL. 4. Experienced Worker Trainer Manual	Manuals are substantive and give good instructions to workers - one suggestion - in the beginning the manuals talk about using the time in court to continue building rapport with the client. In reviewing pre-hearing activities, it seems that the focus is on staffing cases with supervisor and internal communication. A suggestion for next revision is to include what dialogue/ interaction is expected between the FCM and parent/child/ caregiver prior to the hearing. This will further support the practice model.	completed with 3rd quarter report

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.7. Establish the use of Mock Trial DVD for staff training purposes to improve worker skills in court hearings.	1.7.(b). Implement training schedule for established curriculum.	Q7	MB Lippold	Training schedule			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will local non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (a). Genogram software tool will be provided to all FCMs to use to identify family supports and will be utilized during the CFTM process to identify non-custodial parents and their contacts.	Q3	D. Judkins	Genogram Software tool	<i>The GenoPro is an advanced, well-organized software tool that allows FCMs to create automated genograms and ecomaps. DCS has trained approximately 1,780 staff on this tool with the continued effort to assist FCMs in identifying family members and their supports as early as possible. (See <u>Appendices: N.1. GenoPro Software tool, N.2. admin letter, N.3. CAT training script, and N.4.download information.</u>)</i>	Has Indiana received any feedback on whether the tool is being used and its helpfulness to staff in assessing families? ----- discussed during 12-15-09 call	complete with the submission of the 1st QSR on 10/7/2009

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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (b). Once tool is used it will be converted to a word document and placed in ICWIS contacts and used as a reference.	Q4	D. Judkins	ICWIS reports showing examples of genograms.	<i>During Q4, ICWIS was upgraded to convert Genograms into word documents in the relationship band of the Assessment module. FCMS were provided instructions and guidance on how to convert their genograms and store them successfully. Additionally, four counties from three regions provided samples of Genograms created by FCMS using the GenoPro tool. See Appendices 1.8.b (1) ICWIS upload instructions and 1.8. b (2) Genogram Samples.</i>	Genograms received during annual PIP visit and reviewed	Q4 completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (c.) FCMS will complete an ADI (Diligent Search) on every non-custodial parent during the assessment (investigation) phase, before a change to the permanency plan or when additional information about an absent parent is provided.	Q2	D. Judkins and A. Green	ADI: Diligent Search Policy	<i>DCS developed a Diligent Search Policy effective November 1, 2009. This policy commits staff to initiate a search for known, absent and non-custodial parents along with relatives beginning at the initial stage of the case and throughout the child's involvement with DCS. (See <b>Appendices</b> : S.1.Diligent Search Policy and S.2. Policy Correspondence to ICWIS Users)</i>	Is there an expectation that supervisors discuss new policy releases during team meetings? ----- discussed 3-10-10: Field staff gave input into all policy development and inform who gave input when disseminated; sups attend mgmt meeting where policy is introduced. Tied diligent search to CFTM; a series of critical incidents that trigger. CFTMs, diligent search, etc.	Q2 Completed 3-310

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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (d). Include Diligent Search question in the QAR tool for continuous review of practice.	Q2	A. Green	Revised QAR tool that includes diligent search question.	<i>The Diligent Search Question was inserted into the QAR tool July 2009. (See Appendix H: Revised QAR Tool).</i>	The QAR wardship question addresses an absent parent search within 30 days of removal. Is there also a questions that addresses ongoing searches through the life of the case? This would be important, particularly in those cases that are moving to other permanency options than reunification. I thought it was going to capture the intent of 1.8 (c) which addresses the assessment phase, before a change to the permanency plan, or when additional info about an absent parent is learned. -----discussed during 12-15-09	complete with the submission of the 1st QSR on 10/7/2009
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (e). Policy regarding placing children with non-custodial parent and other relatives when it is in child's best interest will be reinforced via Director's note.	Q3	D. Judkins	Director's Note addressing practice expectation.	<b>Appendix MM: Director's Note</b>	Strength based not to staff - Will this also be highlighted during sup meetings with staff? Has this also been communicated to private agency staff?-----discussed during 3rd qtr call. Note is summary of policy; it's on the web and sent to licensed agencies and judges (via juvenile judges listserv); if applicable will be highlighted at the end of a QSR grand rounds	completed with 3rd quarter report

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CFPSR Program Manager,  
Indiana Department of Child Services



State of Indiana  
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402 West Washington Street, Room W392 / Indianapolis, IN 46204-2739

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (f). DCS will track the diligent search efforts quarterly through QAR report.	Q4, Q6	D. Judkins	QAR results	<i>A new contact type "Absent Parent Search" was created to both aid Family Case Managers in documenting search efforts for absent parents, and to assist supervisors with assuring that appropriate efforts have been made and documented. Family Case Managers will utilize this contact type for documentation of all efforts to locate absent parents including use of the Affidavit of Diligent Inquiry (ADI) and by copying the ADI into the contact notes. In turn this will help supervisors determine the accuracy of diligent efforts when completing the QAR survey. QAR reports are available on the share point and will be tracked and monitored by Directors and Regional Managers. Regional Managers will report on progress made on the STAR report. See Appendix 1.8.f (1) QAR Data Analysis</i>	Report indicates that Ward cases are more likely to have diligent search efforts than Assessment cases but both types of cases indicate a need for improvement. Including this is the STAR report is a good strategy to keep it in focus. Although not required for PIP purposes, it would be appropriate for State to continue monitoring the STAR report and strategies implemented at the local levels so that an optimum opportunity for improvement can occur with the Q6 report. The State may want to consider sharing techniques used by counties that are doing well with other counties that are not doing well.	Q4 requirements completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (g). DCS will identify additional counties to model the key principles of the Marion County's federal grant initiative: Engaging Non-resident fathers and adapt it to the counties' needs.	Q7	D. Judkins	Counties identified and implementation plan developed.			

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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.9. DCS will expand placement options to consider non-related adults when it is in the best interest of the child.	1.9. (a). Policy staff will research non-relative kin definitions from other states.	Q5	A. Green and D. Judkins	Policy brief on kin definition	<i>Since the origination of this action step, DCS in response to the Fostering Connection Legislation has re-energized its efforts behind the engagement and placement of children with non-custodial and/or absent parents and their relatives. Once these attempts are exhausted then FCMs are encouraged to pursue placement with significant non-related adults. DCS is currently working on a measurement process by which field can determine the acceptable amount of attempts exerted to engage parents and relatives before placements with significant non-related adults are considered. DCS in collaboration with the courts formalized a new definition for this category of people: significant non-related adults (also referred to as fictive kin). See Appendix Q5-1.9a: Policy Brief.</i>	Discussed during annual PIP visit - discussion on relative definition has been ongoing for a year; courts are included; Director's focus is on bio parents first and then relatives; close to a definition; may need to rethink benchmarks at a later date	
<del>1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.</del>	<del>1.9. DCS will expand placement options to consider non-related adults when it is in the best interest of the child.</del>	<del>1.9. (b). Policy will collaboratively draft with Court Improvement Project (CIP) a new definition of non-relative kin.</del>	<del>Q5</del>	<del>A. Green and D. Judkins</del>	<del>Approved definition of kin</del>	<del>The remaining benchmarks in this action step were renegotiated out due to DCS' initiative along with recent Fostering Connection legislation to place priority on relative involvement and placements.</del>	<del></del>	<del></del>

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.9. DCS will expand placement options to consider non-related adults when it is in the best interest of the child.	1.9. (c.) Policy statement and computer assisted training (CAT) will be provided to field staff, i.e. FCMs, FCM supervisors, Local Office Directors, and Executive Managers.	Q5	MB Lippold, and A. Green	Policy statement and CAT module and/or Admin Letter.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.9. DCS will expand placement options to consider non-related adults when it is in the best interest of the child.	1.9. (d). DCS will provide presentations to court staff on the new definition and expectations on non-relative kin.	Q5	D. Judkins and MB Lippold	Presentation materials and sign-in sheets			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.9. DCS will expand placement options to consider non-related adults when it is in the best interest of the child.	1.9. (e). Add the newly defined kinship placement ICWIS and the Practice Indicator under CHINS placements.	Q5	D. Judkins and A. Green	Revised ICWIS and practice indicator for increased relative care.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.10. DCS will emphasize to all field staff the value of proximity and preserving essential connections to the child's family, culture, religion and community.	1.10. (a). Quarterly Mandatory management meetings (QUAD) will have proximity and preserving connections as a recurring agenda item.	Q2	D. Judkins	QUAD meeting notes.	<i>In September 2009 during a QUAD meeting, a proximity scenario was shared with attendees to process and discuss various case management related topics to include preserving connections. (See <b>Appendices</b> : T.1. QUAD meeting proximity scenario and questions, T.2.Excerpt from QUAD Meeting Notes, T.3. RM meeting notes).</i>	this is a very good group learning tool - very nice model. Will the State present on placement stability and proximity again? ----- 3-10-10: proximity discussed on time; other issue discussed in QUADS; in past lost home to privates which added expenses and impacted stability; plan in place to recruit more DCS homes and to also look at	Q2 Completed 3-310
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.10. DCS will emphasize to all field staff the value of proximity and preserving essential connections to the child's family, culture, religion and community.	1.10. (b). Information, decisions and/or suggestions generated about proximity and essential connections from the QUAD meetings will be dispersed to staff through unit meetings.	Q2	D. Judkins	Distributed information	<i>The Regional Managers shared the proximity scenario discussed in the QUAD meeting with local office staff. (See <b>Appendices</b> : T.1. QUAD Meeting proximity scenario and questions, T.2. QUAD Meeting Notes, T.3. RM meeting notes).</i>	T-3 indicates that the info was shared with staff. Does Indiana have feedback from staff/sups on the scenario and information shared.	Q2 Completed 3-310

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.11. FCMs will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.	1.11. (a). DCS will utilize practice indicators to track the frequency of visits between the child and family members.	Q2	D. Judkins and A. Green	Practice Indicator for Contacts and Visitations trendline.	(See <b>Appendix B.1.</b> : <i>Visitation and Contacts Report for July 2009</i> )	It seems like the tracking report includes a definition of "family" which is broader than the action step which addresses caseworker contacts with parents. - ----- discussed during the 12-15-09 call- cross reference with 1.12 a - report to be split into 2----- discussed during Q 3 call; report was drafted in last 2/3 weeks with capacity to monitor child family visits; father's report developed. will have capacity to look at each parent	completed with 1st quarter report - f/u during Q3 phone call re status <b>Approved 6-2-10</b>
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.11. FCMs will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.	1.11. (b). Field Staff will utilize CFTM/case conferences to encourage families and children's input on visits and contacts and to develop a visitation plan.	Q2	D. Judkins	Template of Visitation Plan used in CFTM/case conference.	A taskforce of policy and field staff developed a visitation plan template to be used by FCMS during CFTM and/or case conference. FCMS are to download a copy of the visit plan in the visitation screen in ICWIS. A new feature was added in the visitation module that allows FCMS to indicate if the plan was created in a CFTM, case conference, or other. (See <b>Appendix U:</b> Visitation Plan Template).	no comments	Q2 Completed 3-3-10
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.11. FCMs will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.	1.11. (c.) Visitation plans created will be placed in the visitation screen in ICWIS.	<b>Q2, Q6 only (Approved 3-10-10)</b>	D. Judkins and A. Green	ICWIS report identifying rate of plans created for eligible families. (Q6 provide status-of-aggregated report showing increase)	ICWIS generated a one time aggregated report to capture all visitation plans from the period of 9-1-09 through 11-30-09 by region and county with a State total. An ICWIS migration on 12-1-09 added a new feature to capture if the visitation plans were created during a Child and Family Team Meeting or Case Conference. See <b>Appendix V:</b> ICWIS Aggregated Visitation Plan Report).	Q2 indicates that 236/543 visitation plans were developed by CFTM; overall 543 plans were developed - Does the State have any information on the families in which plans were not developed for this period? On an ongoing basis, the reports would capture the relate that plans are developed and not developed. Currently we have the # in which plans were developed. ----- 3/10/10: Discussion, Indiana wants to increase the # of plans being done and then look at quality (incorporate into QSR quality practice. Renegotiated to supplement to Q2 will reflect next steps and Q6 will report on progress in moving forward. ----- Discussed during Q3 call and Q6 evidence of	Q2 approved 6-2-10

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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.11. FCMS will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.	1.11.(d). Implement Making Visits Matter in-service regional trainings	Q3	MB Lippold	Making Visits Matter curriculum, roll-out training calendar, and sign-in sheets.	<i>There were 98% of FCMS who were trained on this curriculum. A training plan was developed to train the remaining staff. (See <b>Appendices:</b> NN.1. Making Visits Matter Curriculum, NN.2. Training calendar and training plan . )</i>	curriculum supports practice model - also addresses stability of placement	completed with 3rd quarter report
<del>1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.</del>	<del>1.11. FCMS will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.</del>	<del>1.11.(e). DCS will form a workgroup that will discuss the development of FCMS' facilitation skills necessary to ensure visitations between the child and the parent as well as visitations between the child with participating relatives are progressive and productive.</del>	<del>Q5(Removed and replaced by newly revised PIP item 2.2)</del>	<del>D. Judkins</del>	<del>Outcome of workgroup and plan developed.</del>	<del></del>	<del>Renegotiated 2-23-10+ Replace current 1.11 e and f with fatherhood initiative. Include CIP to involve courts revise 3.3. to reflect Fatherhood Initiative.</del>	<del></del>
<del>1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.</del>	<del>1.11. FCMS will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.</del>	<del>1.11. (f). Visitation plans created will be placed in the visitation screen in ICWIS.</del>	<del>Q6 (Removed and replaced by newly revised PIP Item 2.2)</del>	<del>D. Judkins and A. Green</del>	<del>ICWIS report identifying plans created for eligible families.</del>	<del></del>	<del>Renegotiated 2-23-10 + Replace current 1.11 e and f with fatherhood initiative: include CIP to involve courts revise 3.3. to reflect Fatherhood initiative.</del>	<del></del>

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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents and children.	1.12. (a). DCS' office of data management will develop a monthly tracking report that will measure the frequency of case worker contacts with parents in regard to child out-of-home placements, las, and in-home CHINs.	Q4—Q4 Status Report Q6 Implemented Report	D. Judkins and A. Green	Current case worker contacts policy and monthly tracking report. Q4 Status Report and Q6 Implemented Report, renegotiated 3-10-10	<i>The practice indicator report for visitations and contacts were capturing FCM contacts with family members already. However, office of data management revised the high-level definition for this practice indicator to clarify that family members do indicate the original caretakers of the child prior to removal. It was important for Indiana to emphasize that many children involved with DCS were not living with their biological parents at the time of removal but many lived with grandparents and other relatives. To enforce this clarification, a ICWIS PIP TIP was sent to all users to further explain to field staff and managers that when making contacts with family members, it is important to choose the correct person in the contact log. Doing so, guarantees the proper migration to the Practice Indicator report which measures the FCM contacts with family members more accurately. ( <b>See Appendices</b> : B.1. Visitation and Contacts Report, B.2. Case worker Contacts Policy, B.3. ICWIS PIP Tip, and B.4.Practice Indicator Definitions/Information).-----As requested during both the 12-15-09 and the 6-2-10 federal calls, DCS has attached a status update as well as an overview of the Engaging Parents report. This new report will demonstrate the case worker contacts with biological parents. See Appendix 1.12 a (1) Status update and overview of the report.</i>	Discussed 12-15-09: current report doesn't distinguish between legal parent, guardian, and custodian; agreement to split into legal parent and guardian and custodian. -----Update description of the report received with Q 4 report. Is the report still expected o be implemented by Q6?	4th Q requirement completed

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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents and children.	1.12. (b). Regional Managers will monitor the monthly tracking report and address non-compliance issues in Strategic Action Plans.	Q1	D. Judkins	Regional Strategic Action Plans	<i>See Appendix 3 (Excerpts from STAR Report)</i>	It's not clear from reading the STAR reports if the focus is just on out of home placements or also on IAs and in-home placements. Were the latter 2 populations included in guidance given to Regional Managers when contacts monitoring was incorporated into the STAR? Likewise, was quality of the contact and visitation addressed in the guidance and how will this report get at the quality of visitation? A number of the reports use the acronym "LOD" - what does it stand for? In looking at strategies, particularly noteworthy are the Regions which cite making visits matter and development of	completed with 1st quarter report
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents and children.	1.12.(c). The Family Functional Assessment (FFA) will be used as a tool guide for FCMs in preparation for quality visits in all case types (in-home CHINS, IAS, and out of home placements).	Q2	D. Judkins	Copy of Family Functioning Assessment	<i>The Family Functional Assessment is a comprehensive field guide that evaluates the domains of a family's life and assesses their level of functioning in each area. Field staff are encouraged to use this tool during the initial assessment of the family and throughout case involvement. (See <b>Appendix I: Family Functional Assessment</b>)</i>	tool contains interview questions for various types of visits	completed with 1st quarter report
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12.(d). Provide Director's note that will require FCMs to use the FFA in preparation for quality visits.	Q2	D. Judkins	Director's note	<i>DCS' agency director administered a director's note November 30, 2009 encouraging staff to use the FFA tool to ensure quality and productive worker contacts with families. (See <b>Appendix W: Director's Note</b>).</i>	no comment	complete with 2nd quarter report

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12.(e). FFA will be an agenda item for discussion at Regional Managers' Meeting.	Q2	D. Judkins	Regional Managers Meeting agenda and notes.	<i>The Family Functional Assessment was an agenda topic during the bi-weekly Regional Managers' meeting in August 2009. This initiated further discussion on how to fully engage field staff on the use of this tool and what supports are available or necessary to foster this process. (See <a href="#">Appendix J</a>: Regional Managers Meeting Agenda and meeting notes).</i>	Appears that the tool was positively accepted with a recommendation that more time be given to it during training. Does Indiana have any further plans on how to institutionalize this into practice.	complete with the submission of the 1st QSR on 10/7/2009

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402 West Washington Street, Room W392 / Indianapolis, IN 46204-2739

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12.(f). Supervisors will observe and mentor FCMs as they demonstrate the use of FFA. Counties will then provide a quarterly account of the use of tool to regional managers. Regional Managers will incorporate this report into the reunification section of the strategic action plan.	Q3	D. Judkins	Regional Strategic Action Plans	<i>In preparation for this PIP item, Field Operations requested the Clinical Consultant develop an observation tool that would mirror the principals of both TEAPI and FFA. In Q2, the observation tool was introduced to each Region. Marion and Lake counties selected two supervisors to pilot this tool by observing two family case managers apply the FFA during a home visit. All other regions selected one supervisor who observed one family case manager during a home visit. This tool will be used during the 3rd quarter report.</i>	It appears that supervisors using the tool found it useful as did some FCMs who utilized it to guide a visit. Since the decision has been made to incorporate the tool into the Supervisory Reflective tool, it would be beneficial to see the revised tool with the 4th Quarter report. Will supervisors be required to use this on an ongoing basis? Also has there been any consideration to sharing the tool with all FCMs as a tool that they can use during visits?	completed with 3rd quarter report but would like a copy of the revised tool at the 4th qtr report --- follow up in Q 4 regarding tool----- completed with
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12. (g). QAR tool will be modified to assess frequency and quality of worker contact with parents or children.	Q5	A. Green	Updated QAR tool	Q1 info submitted: There are three questions in the WARDship tool that addresses case worker face-to-face contacts with 6 parents (See Appendix P: Updated QAR tool)	Information submitted during Q1: How will meaningful be defined when applying the tool? Also, see note regarding 1.8 d and the diligent search. It will be important to define absent parent and address how a diligent search is captured either in the diligent search question or in the contact	Visitation checklist provided approved 6-2-10 - completed with 3rd quarter report
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12. (h). Reviewers will be trained on updated questions.	Q5	A. Green	Practice guidance sent to local offices on modified tool.	<i>A memo was sent to field staff to update them on the modified QAR questions that monitors case worker face-to-face contacts with children and parents in IA and CHINs cases. See Appendix Q5-1.12.h (QAR Memo).</i>		
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12. (i). QAR tool implemented.	Q6	A. Green	QAR review schedule	<b>See Appendix Q5 -1.12 (i) QAR Review Schedule</b>		

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.13. All CHINS cases will be monitored to ensure that IL services are appropriately provided to eligible youth at the earliest possible age, and that all children are involved in the development of their IL plan.	1.13. (a). FCMs will facilitate child-centered (or child specific) CFTM to assess IL needs and is to be held at least 6 months prior to the child's 16th birthday. During which, the IL plan will be developed with the child and updated for every permanency hearing thereafter. This process will be reflected in policy.	Q4	D. Judkins, L. Rich, and A. Green	Template of IL plan to be utilized. Policy and procedural guidance.	See appendices 1.13 a (1) IL Template Plan and 1.13 a (2) IL Policy.	Template is accepted. Policy tendered addresses CHAFEE and begins with age 16. The intent of the step and the template is to begin at least 6 mos. Prior to the child's 16th birthday. Is there a policy that reflects completion of the template plan?----- --policy received during annual PIP visit	Q4 completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.13. All CHINS cases will be monitored to ensure that IL services are appropriately provided to eligible youth at the earliest possible age, and that all children are involved in the development of their IL plan.	1.13. (b). IL consultants will develop a protocol and monitoring tool to assess the performance of service providers, their activities, and services requirements.	Q4	L. Rich	Protocol and monitoring tool	See Appendices Q5 - 1.13 b Provider Program Evaluation and Monitoring Tool	State needs to walk through the process described and the tool in the context of how the process/tool will meet the requirements of 1.13c due in Q 5. It appears that the monitoring tool is a self report that the providers complete. How will DCS verify that the report accurately reflect the services being delivered? -----discussed during annual PIP visit; IL uses a measurement tool for cases that review case plans and then calls youth; as new service standards are let, the process will change - 10-12-10:The provider evaluation tool is the same tool used by IL specialists. Tool attached.	discussion needed

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.13. All CHINS cases will be monitored to ensure that IL services are appropriately provided to eligible youth at the earliest possible age, and that all children are involved in the development of their IL plan.	1.13. (d). IL consultants will offer quarterly mandatory FCM technical assistance on IL planning and available services. FCMs will, at least yearly attend the mandatory technical assistance workshops for IL services.	Q3, Q7 summary analysis (determined during 6-2-10 federal conference)	L. Rich and D. Judkins	Calendar of IL trainings and sign-in sheets	<b>See Appendix</b> OO.1. <i>IL Training Calendar</i> , OO.2. <i>Sign-in sheets</i> ----- <i>Discussion during 6-2-10 federal call revised Q7 evidence of completion to an analysis and summary of next steps.</i>	Allen County Sign-in Sheets were attached - were there others? How are staff identified to attend these sessions? What feedback has been obtained regarding the sessions? Need to discuss Q3-Q8 what will be reported during the remaining quarters? -----discussed during Q3 call and revised EOC	Q3 approved on 6-2-10
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	2.1.(a). Enhance new and existing service standards for contract renewals to reflect TEAPI values and best practices.	Q2	L. Rich	Enhanced Service Standards	<i>DCS' has thirty-six (36) service standards that regulate a continuum of services offered through the agency i.e. adoption, Chafee IL services, family-centered programs, foster parenting, addictions, preventative care, probation services and foster parenting. In Quarter 2, these standards were updated to reflect TEAPI values and best practices. (See <b>Appendix X: Enhanced Service Standards</b>).</i>	no comments	completed with 2nd Qtr report

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	2.1.(b). Service specific review tools will be developed and implemented by Regional Coordinators and Programs and Services staff to ensure services provided are in accordance with contract requirements and reflective of TEAPI values. The tool developed will be used by Regional Child Welfare Coordinators. The Coordinators will use the tool on a statistically valid random sample of providers. Sample selected will be reviewed every two years. Regional Coordinators and Programs and Services staff will develop biennial timetable. Standard notification letter will advise providers of reviews.	Q3, Q5, Q6 (renegotiated to Q5, Q6 on 2-23-10)	L. Rich	Service specific review tools, review timetable, review notification letter, <b>Quarter 5</b> . Reviews implemented <b>Quarter 6</b>	<i>Refer to previous tools submitted for PIP Item 1.13 b, Review tool and provider evaluation form, which are the same tools to be utilized in these reviews. Additionally, providers will not receive a notification letter announcing the review to preserve the validity of the process and to maintain the integrity of the review. See Appendix submitted for 1.13 c</i>		
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	2.1. (c.) DCS service standards will require that providers train their staff on substance abuse and domestic violence as part of the contract requirements.	Q3	L. Rich	Contract Development and Management Standards	<b>See Appendix PP: Contractual Assurance Page</b>	Other than assurance, will there be any other mechanism to ensure that the training has taken place? -----discussed during Q3 call; contract compliance review will check to see if it has occurred	completed with 3rd quarter report
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	2.1.(d). Regional Services Councils (RSC) will develop a new service standards for transportation services and submit to Central Office.	Q5	L. Rich	Standard developed at RSC request.	<i>An admin letter was distributed in June 2010 outlining the provisions to be made for transportation services. See Appendix Q5-2.1d Admin Letter</i>		

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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	2.1. (e) FCMs will enter services for each family in the appropriate module in ICWIS in order to track the timeliness of service referrals.	Q3	D. Judkins	Tracking mechanism that records the timeliness of service referrals and associated reports.	<i>During the Child and Family Services Review, a concern was noted that Indiana needed to improve the timeliness of service referrals. During Quarter 3, two features were migrated into ICWIS: the identified date (when a service need was determined) and a referral date (when a service referral was made). Field instructions were provided to alert staff of these new features and to reiterate the importance of meeting the service needs of families in a timely manner. Additionally, Field Operations along with ICWIS are currently finalizing the design of an automated service referral form that will be housed in ICWIS and saves in the case plan. FCMs will be able to cross-reference this referral form to the state's payments/fiscal system, KidsTracks. The referral form will include a place to record the type of service, length of service and amount (unit) of service. This feature will be available statewide July 2010. (See Appendices: QQ.1. Instructional Email to Field Staff, and QQ.2. ICWIS Screen Print of new features.)</i>	Will there be a report developed that will track the timeframe between referral and the start of a service delivery? Has there been any consideration for validating this information to ensure the accuracy of data entry after its been implemented for a while? The information that this may yield would be beneficial for further analysis regarding achievement of permanency as well as availability of services. Has the State considered using the information in this manner? Are there any mechanisms in place to capture systemic issues related to service array, i.e. availability and accessibility? What about of services to needs individualization. -----discussed during Q 3 call; have Kidstrack; training is in place and was rolled out a few weeks ago; workgroup takes data from timeliness and uses it to inform Biennial Regional Report through RSC; outcome of which can be to increase service standards, change procedures	Approved during 6/2-10 conference call - completed with 3rd quarter report
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.2. DCS will ensure that all wards are assigned a Medicaid Care Coordinator (Care Select) for the purpose that health benefits are coordinated and wards receive a comprehensive level of medical care.	2.2. (a). FCMs will coordinate with the Medicaid office to secure the name and contact of the care coordinator for each ward. The care coordinator contact information will be shared with foster parent.	Q1	D. Judkins	Admin letter to FCMs about care select	<i>Care Select is a Medicaid care management system represented by two care management organizations. These systems operate in part to ensure that children who are made wards are enrolled in Medicaid and receiving services. During this PIP quarter, DCS released an administrative letter to field staff, supervisors, and management explaining the purpose of Care Select and requesting full collaboration with these systems. (See <b>Appendix D</b>: Admin Letter)</i>	According to the Admin Letter, once a child is eligible, the child is sent a letter regarding enrollment for a primary care physician and managed care organization. Do children understand what they need to do to enroll? Would it be better to have the letter go to either the foster parent of FCM to ensure timely, appropriate enrollment-----discussed during 12-15-09 call	complete with the submission of the 1st QSR on 10/7/2009

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CFSR Program Manager,  
Indiana Department of Child Services



State of Indiana  
Mitchell E. Daniels Jr., Governor - James W. Payne, Director  
402 West Washington Street, Room W392 / Indianapolis, IN 46204-2739



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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.2. DCS will ensure that all wards are assigned a Medicaid Care Coordinator (Care Select) for the purpose that health benefits are coordinated and wards receive a comprehensive level of medical care.	2.2. (b). FCMS will complete at least annual health care surveys provided by Medicaid care coordinators to ensure the ward's physical, hearing and vision exams occur and provide updates from these screenings.	Q2, Q6	D. Judkins	Statement from Care Select regarding status and completion of surveys.	<i>A data pull from September 2009 indicated a 65% survey completion rate which is a 2.1% increase from an earlier June 2009 survey data report. (See <b>Appendix Y</b> : Office of Medicaid Policy and Planning (OMPP) Data Analysis Report).</i>	Q2 report indicates increase on FCM completion of surveys - next report due in Q6	Q2 Completed 3-310
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.2. DCS will ensure that all wards are assigned a Medicaid Care Coordinator (Care Select) for the purpose that health benefits are coordinated and wards receive a comprehensive level of medical care.	2.2. (c.) Medicaid vendor will provide a survey report of surveys completed. DCS will review the report and resend the admin letter if needed to encourage survey completion.	Q3, Q7	D. Judkins	Survey report and admin letter	<i>An Administrative Letter was distributed on August 26, 2009 to provide an overview of the Care Select program. The admin letter stressed field cooperation and communication with the Care Management Organizations and the need for FCM completion of the health surveys. There were survey data pulls from the Indiana Office of Medicaid Planning and Policy (OMPP) on September 29, 2009 and again on November 10, 2009. The percentages between the two pulls increased from an initial 62.9% to 65% in November 2009: a 2.1% increase. At this time, it is not recommended to resend the Administrative Letter regarding Care Select. Data pulls will be requested again during PIP quarter 4 and quarter 6 to continue to monitor the rate of survey completions and the potential need to resend the Administrative Letter. (Refer to Appendix Y from Quarter 2 Report for the OMPP survey data reports.)</i>	no comments - data pulls in Qs 4 & 6 will determine need for Q7 letter - to be reported during q7	Q3 completed with 3rd qtr report based on results of Q4 and Q6 data pulls, need for Q7 admin letter reissuance will be decided.

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.3. DCS will explore additional funding to provide mental health assessments to children served in Informal Adjustments (IA).	2.3.(a). Central Office will research funds that can be designated for mental health assessments for children served in Informal Adjustments (IA).	Q2	D. Judkins	Outcome of Research	(See <b>Appendix Z</b> : Memorandum of Understanding between DCS and Department of Mental Health and Addiction (DMHA)).	Based on my understanding or the MOU, DMHA is providing training to DCS to enhance capacity of DCS staff to assess mental health needs of children. Correct? ----- Discussed 3-10-10: CANS will be the assessment for children and families; IN will have to get a new safety/risk tool. All sups are certified as superusers on the tool - Possible	Q2 Completed 3-31-10
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (a). DCS will form a committee to develop a Placement Checklist to be used by FCMs when placing children.	Q4	D. Judkins	Copy of pre-placement checklist that will be utilized prior to placement.	<i>In lieu of creating a stand alone pre-placement checklist, DCS believes that both the CANS tool and the Casey Family Assessment collectively addresses pre-placement issues. The CANS tool is currently utilized to determine the level of care or need of a child prior to placement, and the Casey Family tool will be trained and used by Foster Care Licensing Specialists to identify the strengths and needs of foster care providers before placements occur. Copies of these tools have been provided in previous quarters.</i>	It seems as though the State is recommending that these 2 steps be deleted? How will the matching be completed? Will there be an interface between the licenser and the FCM to discuss matching? ----- --- discussed during annual PIP visit; agreed that written job description would be tendered as well as collaborative meeting notes between Regional Manager and foster care which will address matching/stability - Resubmitted job description 10-7-10	will be considered completed upon receipt of job description

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<del>2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.</del>	<del>2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.</del>	<del>2.4.(b). Develop a Placement Checklist policy to guide FCMs with the use and terms of the checklist during placements. Discussed and renegotiated during annual PIP visit to: Status check on FCM and FC Specialist collaboration in placement decisions</del>	<del>Q5, Q6</del>	<del>A. Green and D. Judkins- Lisa Rich</del>	<del>Placement Checklist- Policy Q5 and Checklist implemented. Policy notification memo Q6 Feedback on monthly discussion with FCS Supervisor regarding collaboration on placement decisions</del>	<del>As indicated above, DCS will use both the CANS tool and Casey Family Assessment to address pre-placement needs and concerns. A policy has been written for the CANS and its currently in the signature phase. Staff Development in conjunction with Programs and Services drafted a protocol for the Casey Family Assessment. See Appendix 2.4 b (1) Casey Family Assessment Protocol..... Renegotiated out during August 2010 federal visit.</del>	<del>It seems as though the State is recommending that these 2 steps be deleted?</del>	<del>Renegotiated during annual PIP visit</del>

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (c.) DCS Programs and Services Department will have an orientation with Regional Managers, Local Office Directors, FCM Supervisors, FCMs and foster care licensing staff, on the use of the CASEY Family Assessment tool.	Q2	L. Rich	Outcome of the 2-day training. Sign in sheets. Training Materials.	<i>In 2008, DCS established a Foster Care Reorganization Project which included a goal of improving how potential foster parents were evaluated before licensure and child placements. In 2009, Program and Services conducted an orientation of the CASEY Family Assessment Tool to a group of DCS staff. In attendance were FCMs, FCM Supervisors, Regional Managers, Local Office Directors, trainers, foster care staff and staff from a Licensed Child Placing Agency. DCS intends for the tool to be utilized by Foster Care Licensing Specialists in their evaluation of future foster (resource) homes. (See Appendices: AA.1. Outcome of Orientation, AA.2. attendance sheet, and AA.3 training materials).</i>	It appears the outcome of the 2-day orientation is to move forward with using the tool by Regional Licensing Specialists with roll-out in early 2010. Correct? ----- supplemental info: IN planning on moving forward with the tool; being piloted in R13 now; based on pilot feedback will determine add'l training needed by Reg. FC. Spec. when the tool is most effective and for which foster parents it shall be used. Establishing plan for training in 3rd Qtr.	Q2 Completed 3-310
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (d). Develop a plan to pilot the use of the Casey Family assessment to determine realistic expectations about foster parenting, and appropriate matching between child and family. Identify pilot counties that already have foster care specialists to use the assessment tool.	Q3	L. Rich	Formalized plan for pilot with counties identified to implement the CASEY family assessment tool.	<b>See Appendices:</b> RR.1. Overview of foster care reorganization, RR.2. Formalized Plan for Pilots, RR.3. Casey Family Assessment tool.	Is there a plan for the CFA tool to be used with current foster parents at the time of relicensing?	completed with 3rd qtr report

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (e). Develop a plan to train and then implement the use of the CASEY Family Assessment tool statewide by identifying and selecting foster care specialists for each county/region.	Q4	L. Rich	Statewide roll-out training and implementation plan. List of foster care specialists for each county/region.	<i>The instruction of the Casey Family Assessment tool will begin with a Train the Trainer session. A certified Casey trainer will prepare a group of users who will then train the one hundred and twenty (120) supervisors and specialists identified to administer the tool. The training will occur from June to August 2010. See Appendices 2.4. e (1) Statewide Roll-out training/implementation plan and 2.4. e (2) List of foster care specialists and supervisors for each super region.</i>	no comment	complete with Q4

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (f). DCS will update placement matching functionality in ICWIS system to aid staff during placement decisions.	Q3, Q6 (Only report out in Q6 per discussion with FEDs and approved 8-20-09)	A. Green	<b>ICWIS Placement Matching updates.</b> (The Evidence of Completion has been changed to Status Update (a narrative of progress) per discussion with FEDs and approved 8-20-09)	<i>The procurement of a new placement reservation (placement and matching) capability has been placed on hold to be incorporated in the new MaGik system. The projected implementation timeline ranges between February and April of 2012.</i>	how will 2.4 c & d impact this - discussed during annual PIP visit; no impact on previous steps- it appears that this is approximately 2 years off so we will need to reevaluate where we are in Q5	discuss in Q4 - status check in Q5 needed

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (g). ICWIS coordinators will conduct task training to all field staff (FCMs, FCM supervisors, Local Office Directors, and Regional Managers) on how to use the new tool during regional in-service training.	Q4 (Moved to Q8 per discussion with Feds and approved 8-20-09)	A. Green	Training schedule/roll-out calendar. <b>Sign-in sheets - no longer required.</b> (The goal is to pilot at least eleven (11) large and medium counties in March 2011. Bugs in the system will be worked out before the pilot. Training will come before the production in the pilot counties. Due in Q8 per discussion with Feds and approved 8-20-09.)	(The goal is to pilot at least eleven (11) large and medium counties in March 2011. Bugs in the system will be worked out before the pilot. Training will come before the production in the pilot counties. Due in Q8 per discussion with Feds and approved 8-20-09.)		

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.5. Reduce factors that contribute to foster parent attrition during the licensing process.	2.5. (a). Develop a committee to review licensing issues to include evaluating the paperwork associated with the licensing process as well as timeliness standards for home studies and licensure activities.	Q3	L. Rich	Committee member list and meeting dates. Outcome documentation from committee.	<b>See Appendices:</b> SS.1. <i>Committee Member List and Meeting dates, and SS.2 Outcome Documentation: Updated Licensing Manual and Director's Note.</i>	Timelines is addressed in the Manual. What has been the outcome of streamlining and aligning county/state forms for the licensing process? Has there been any feedback on whether the Manual has clarified the steps in the licensing process and decreased the time it take from point of inquiry to licensure?-----discussed during Q3 call; DCS explained step by step process identified for consistency; tracking form is being completed from inquiry to time to licensure; had dedicated staff to do licensing;	Approved during 6-2-10 conference call
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.5. Reduce factors that contribute to foster parent attrition during the licensing process.	2.5.(b). Develop a position and then appoint regional licensing specialists to enhance agency responsiveness and timeliness to the needs of prospective foster parents during the licensure process.	Q5	L. Rich and J. Lozer	List of Regional Licensing Specialists and their job duties.	<i>Regional Licensing Specialists and their supervisors have been identified to serve statewide. Indiana's 18 regions have been divvied into 9 Super Regions. See Appendices 2.4 e (1) List of Regional Licensing Specialists/supervisors and 2.5 b (1) Job Description/Duties</i>	no comment	complete in Q4
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.5. Reduce factors that contribute to foster parent attrition during the licensing process.	2.5. (c.) Create a workgroup to address procedural issues that are prohibitive to respite care services and discuss the feasibility of continued per diem during respite care.	Q6	J. Lozer	Meeting notes and outcome of workgroup.			

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.6. DCS will adopt a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (a). DCS' Foster Care Review Group will identify a placement assessment tool to be used by FCMs before placements occur.	Q2	D. Judkins	Placement Assessment tool	<i>Indiana adopted the CANS (Child Adolescent Needs and Strengths) assessment as it's placement assessment tool and behavioral health assessment tool. The CANS is currently being piloted in Regions 3, 5, 12, and 13. FCMs are instructed to utilize this tool during the initial assessment phase of the case and on-going as needed throughout the case management stage. FCM supervisors, in these regions, have been trained as SuperUsers of the tool (received extended training to train the tool). A protocol has been developed as a guide to use the tool in the field. (See <b>Appendices: K.1.: CANS Assessment and K.2. Protocol).</b></i>	Tool and protocol provided. Is there a plan in place to determine if the tool is being administered as trained and to determined its effectiveness? ----- effectiveness discussed during 12-15-09 call	complete with the submission of the 1st QSR on 10/7/2009
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.6. DCS will adopt a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (b). Policy and practice guidance will be developed on the use of the tool.	Q3	A. Green	Policy developed and practice guidance.	<i>During Q3, the CANS was still being piloted and had not been implemented statewide. The protocol was amended as the initial pilots provided outcomes or feedback from their application of the tool. Their feedback was incorporated into the current protocol amendments. A policy will be drafted once the CANS is implemented statewide. ( <b>See Appendices: TT.1. CANS Pilot Overview, and TT.2. Amended Protocol.</b>) ----- <b>The CANS tool went statewide effective April 1, 2010. The protocol has been converted into policy and is currently in the signature phase. A copy of the policy, upon its completion, will be provided.</b></i>	Pilot protocol is included with Q3 report. Policy guidance to be drafted once implementation statewide in 4/1/2010. Based on this suggest deferral to Q4 (if timeframe is able to be met by State) for completion. How has the process of implementing the CANS been perceived by FCM's and is it being implemented and incorporated into daily practice. What are the strengths and barriers? -----discussed during Q3 call; no changes were needed for the practice guide; agreement to change Q due from Q3 to Q4 for policy-----discussed during annual PIP visit; policy is going through finalization	once final policy is received, benchmark will be considered completed: policy submitted 10-7-10

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.6. DCS will adopt a placement a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (c.) FCMs will be trained on both the policy and placement assessment tool before implementation.	Q4	MB Lippold and A. Green	Training schedule	<i>See Appendix 2.6. C (1) Training Schedule</i>	appendix not included with report -----received just prior to annual visit and reviewed.	Q4 completed
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.6. DCS will adopt a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (d). The QAR tool will be updated to include a question to measure the use of the placement assessment tool.	Q3	A. Green	Updated QAR tool	<i>See Appendix UU : Updated QAR Tool</i>	Q's 14,11,12 - The questions in the QAR tool address the need for placement of specific services. How will the State know if the child is placed in the level of care that are needed according to the tool? It would be helpful to make sure that the Q8 information on the next benchmark addresses stability and placement selection. - discussed during Q 3 call regarding what the report will address. The CANS recommendations will be in ICWIS. The CFM will determine the care and placement	Approved during 6 2-10 conference call; completed with questions answered during the Q3 call
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.6. DCS will adopt a placement a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (e). Regional Managers will utilize data from the QAR report to address concerns or progress related to the new tool in the Region's strategic Action Plans.	Q8	D. Judkins	QAR report and SAPs		how will 2.4 c & d impact this----- discussed during annual PIP visit; no impact	
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.7. DCS will create foster care specialization units statewide to focus efforts on recruitment, placement stability, foster care in-service training, respite care coordination, and after hour supports.	2.7.(a). DCS' foster care review group will develop a statewide strategy on how to implement specialization units throughout the state. The strategy will include the job description of the foster care specialist, service and support expectations to be rendered to foster families, and plan to develop the specialization units.	Q4	D. Judkins	Strategy developed and implementation plan.	<i>The Foster Care Reorganization Committee is a multi-disciplinary group of DCS staff. This committee has worked closely since 2008 to evaluate the needs and trends within the foster care system. Strategies developed from these collaborations are currently being implemented in phases. See Appendices 2.7. a (1) Q &amp; A for Pilot Regional Organization, and 2.7. a (2) Solution Implementation Timelines.</i>	no comment	complete Q4

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.7. DCS will create foster care specialization units statewide to focus efforts on recruitment, placement stability, foster care in-service training, respite care coordination, and after hour	2.7. (b). Develop a job description for foster care specialist.	Q4	D. Judkins	Foster Care specialist job	Same as 2.5 (b). See Appendix 2.5 b (1)	no comment	complete Q4
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.8. DCS will develop a list of mental health providers and dentists who accept Medicaid and provide information to FCMs and foster parents.	2.8. (a). Programs and Services will disseminate the list of providers and dentists who accept Medicaid to FCMs via email. The list will be updated and sent out annually. FCMs will be encouraged to share updated list with foster parents during visits.	Q3, Q7	L. Rich	List of providers and distribution list.	DCS located a website operated and maintained by the Office of Medicaid and Policy Planning (OMPP) that showcases current mental health providers and dentists across the state. The website is updated annually and/or when Medicaid providers are added or deleted from the database. The information is generated from AIM ( a data base system of active Medicaid providers). This information along with additional links has been shared with all FCMs and ICWIS users and added to the Foster Family Resource Guide given to prospective foster parents during FAKT training. (see <u>Appendices</u> : O.1. email from Deputy Director of Programs and Services to DCS staff, and O.2. printout of screen from provider search)	Will new staff and foster parents receive this information on a routine basis? How will Indiana share this information with foster parents who may not have or use a computer? Has Indiana considered how it will know if there is an increase in information whared with foster parents and if the information is being shared, is impacting the capacity for adequate health care for children? ----- discussed during 12/15/09 call and f/u during Q 3 call.	complete with the submission of the 1st QSR on 10/7/09

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.8. DCS will develop a list of mental health providers and dentists who accept Medicaid and provide information to FCMs and foster parents.	2.8. (b). Programs and Services will provide a current providers list to new foster parents during FAKT training.	Q3	L. Rich	Provider list	DCS located a website operated and maintained by the Office of Medicaid and Policy Planning (OMPP) that showcases current mental health providers and dentists across the state. The website is updated annually and/or when Medicaid providers are added or deleted from the database. The information is generated from AIM ( a data base system of active Medicaid providers). This information along with additional links has been shared with all FCMs and ICWIS users and added to the Foster Family Resource Guide given to prospective foster parents during FAKT training. (see <b>Appendix 14</b> : email from Deputy Director of Programs and Services to DCS staff, and printout of screen from provider search)	see above	complete with the submission of the 1st QSR on 10/7/2009
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1. (a). DCS Domestic Violence workgroup will identify the community providers, who offer domestic violence services, to develop a partnership.	Q1	D. Judkins	Workgroup membership and Partnership membership.	The DCS Domestic Violence workgroup membership consisted of internal staff who represented areas of policy, legal operations, ICWIS, Hispanic initiatives, field staff and executive management. DCS forged partnerships with two significant community providers who serves victims of domestic violence in different capacities: Dr. Carolyn Black, IU School of Social Work and Domestic Violence Specialist, Celeste Jackson of Family Social Services Administration (FSSA). Over the course of this initiative, DCS has plans to expand this partnership to other community providers including law enforcement. In addition, FCMs have been encouraged to utilize the DV partner programs in their respective regions as an additional resource. (See <b>Appendix E</b> : Workgroup membership and partnership list).	workgroup membership attached. Has Indiana considered including legal representation on this workgroup? Often times, domestic violence cases end up being prosecuted in criminal court, without child welfare being aware. The legal community can offer remedies such as protective orders as well as services through the criminal court system that would be of benefit to a family who is also involved with child welfare. ----- discussed 12-15-09	complete with the submission of the 1st QSR on 10/7/2009

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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1. (b). The DCS DV workgroup will develop recommendations from the collaboration to develop policy for field staff to assess domestic violence more effectively.	Q2	D. Judkins and A. Green	Recommendation from workgroup and written approved policy.	<i>The recommendations from the workgroup were utilized to update practice tools and current policy chapters (Intake, Assessment, General Case Management, In-Home Services, Out-of-Home Services) in which domestic violence issues made an impact. In order to locate the revisions, the tools and policies will indicate a new section that addresses domestic violence as it relates to that particular administrative or field practice. (See <b>Appendices: L.1.</b> Workgroup recommendations and L.2.Revised tools and policies.)</i>	Minutes of workgroup meetings were included with the report as were changes to policies. Was there a formal written document which articulated the recommendations from the workgroup? If so, then that would be expected as evidence of completion. Or were the minutes the only way of capturing the recommendations of the workgroup? Chapter 3 Sec 2 requires local offices develop MOUs with LEAs - is there a timeframe when this this is to be done" what change was made in Chapter 3, Sec 1? Polices appear to safeguard the child, non-offending adult, and the FCM. Confidentiality of the non-offending adult and child are addressed. Service options are identified. Engagement and case planning are addressed. State has enacted policies regarding domestic violence from a "life of the case" perspective. Besides issuance of policy, how will staff be made aware of the practice changes instituted regarding the handling of cases where DV is alleged or present? ----- next steps for	complete with the submission of the 1st QSR on 10/7/2009
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1.(c.) DCS workgroup will work with Law Enforcement Agency and service providers to develop a protocol on how field staff can intervene and provide service in instances of domestic violence.	Q4	D. Judkins	The protocol developed.	<i>See Appendix 3.1. C (1) Protocol developed</i>	Was the protocol developed in conjunction with law enforcement? Has the State been successful in entering into the protocol with law enforcement across the state? How does the state plan to do this? -----presentation during annual PIP visit addressed concerns; LE involved in development and over 200 departments have	complete with Q4 report

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3) Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1.(d).The Domestic Violence protocol and policy will be trained to field staff through in-service training.	Q4	D. Judkins, A. Green and MB Lippold	Training plan and roll-out calendar. Training sign-in sheets.	<i>In 2009, DCS trained all field staff on a domestic violence CAT. For this PIP item, Staff development requested that the 2009 CAT be amended to include the newly developed protocol and then be reissued for staff training. The Feds Approved this during the March 2010 federal call. This domestic violence training was enhanced after collaboration with community partners to develop the attached Law Enforcement Agency protocol. In January 2010, DCS Staff Development has also trained 92 Local Office Directors on the effects of Domestic Violence as well as local resources available to victims. In June 24-25, 2010, all 250 DCS field supervisors will have additional training on the effects of domestic for families involved with the child welfare system.Approximately 1,600 Family Case Managers, Family Case Manager Supervisors, Local Office Directors, Regional Managers, Attorneys and Central Office staff completed the Computer Assisted Training by the deadline of May 14, 2010. All CAT trainings remain in the ELM training system for staff who need refreshers, were out on extended leave during the designated time to take the training, etc. For those who have yet to complete, the supervisors will follow up to ensure they complete the CAT. See Appendix 3.1. (d) Amended DV CAT with protocol.</i>	complete with Q4 report	complete with Q4 report

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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.2. DCS will partner with FSSA, OMPP, and DFR to discuss issues of provider availability and develop strategies for capacity expansion, accessibility, and availability including services geared toward prevention.	3.2. (a). DCS will partner with all agencies mentioned to develop service strategies. Included will be encouraging providers to accept Medicaid and develop both capacity and service availability.	Q5, Q7	L. Rich, J. Ryan and D. Weinberg	Quarterly meeting meetings.	DCS met with various external partners to discuss strategies on how to maximize the use of Medicaid funding and to increase the accessibility of services to eligible youth and their families. <b>See Appendix Q5 - 3.2 a Partnership Meeting Summary</b>		
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.2. DCS will partner with FSSA, OMPP, and DFR to discuss issues of provider availability and develop strategies for capacity expansion, accessibility, and availability including services geared toward prevention.	3.2. (b). DCS will implement strategy identified and developed from collaboration.	Q5	L. Rich, J. Ryan and D. Weinberg	Outcome of implementation.	The outcome of this collaboration is the creation of the Medicaid Rehabilitation Option (MRO) Initiative Protocol. <b>See Appendix Q5 - 3.2 b MRO Initiative Protocol.</b>		

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3) Engage multiple partners to protect children in their community through cooperation and communication.	3.2. DCS will partner with FSSA, OMPP, and DFR to discuss issues of provider availability and develop strategies for capacity expansion, accessibility, and availability including services geared toward prevention.	3.2.(c.) DCS will partner with FSSA, OMPP, and DFR to ensure that dental health providers who accept Medicaid have both the capacity and availability to service wards throughout the state.	Q5, Q7	L. Rich and J. Ryan	List of dental health providers. Q5 baseline of providers. Q7 Increase of providers over baseline	DCS participated with the Statewide Planning Council that developed a Strategic Oral Health Plan in 2009. The collaboration occurred in 2008 and 2009 ending with a comprehensive and exhaustive research of the oral health needs within Indiana. The research also included strategies to increase accessibility to low-income families as well as the creation of a safety net for the under-insured or non-insured Hoosiers. This plan addressed all populations in Indiana and not just DCS clients. However, a reference on page 87 illustrates the collaboration specific to DCS' Programs and Services and the Council. An account of how well the initiatives are materializing from this Plan will be provided in Q7. See Appendix Q5 - 3.2 c Strategic Oral Health Plan.		

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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	3.3.(a). Develop a taskforce of those involved with Fatherhood initiatives, LEA, CASA, Juvenile Judges, and CIP to formulate strategies to increase non-custodial and absent parent involvement. <b>Proposed new step</b> : DCS will form a fatherhood taskforce to formulate strategies and secure funding from CASEY foundation to increase non-custodial and absent parent involvement in selected Regions 5,8, and 16.	Q4	D. Judkins- <del>M. Lippold</del> and L. Rich	Recommendations developed from taskforce. <del>List of Taskforce members and recommendations developed.</del>	In December 2009, DCS in collaboration with Casey Family Programs met with several community partners and fatherhood program representatives to discuss piloting regional fatherhood initiatives. The framework for the discussion was Marion County's current Engaging Fathers collaborative as well as the criteria for the grant proposal for funding through Casey. A strategic plan was developed regarding next steps. See Appendices 3.3. a (1) Fatherhood Partnership Agenda, Meeting Minutes and Recommendations, 3.3. a (2) List of Partnership members.	Has funding has been secured already? If not, what will happen if no funding appropriated?----- Discussed during Q 3 call and proposed amendments for 3.3 agreed upon.----- ---complete with Q4	complete with Q4 report
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	3.3. (b). Recommendations from the taskforce will be considered for policy and procedural development. <b>Proposed new step</b> : A fatherhood initiative pilot will be developed in each identified region. Each region will choose a service provider to manage the pilot. Once the providers are selected, DCS will complete the signature agreements for each provider.	Q4-Q5	D. Judkins and A. Green- <del>M. Lippold</del> and L. Rich	Policy and procedural guidance. <del>Selection of service providers for each region and their program proposal. Signed agreements with providers.</del>	Funding was secured for the fatherhood pilots through Casey Family Programs. Potential Service providers presented proposals on how they would manage the Fatherhood initiatives. DCS selected the service providers and after which Casey Family programs entered into service agreements. See Appendix 3.3 b (1) Proposals/Service Agreements	discussed during Q3 call and proposed amendments agreed upon	complete with Q4 report

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3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	<del>3.3. (c.) DCS will offer Computer Assisted Training to DCS staff on new policy. The training will be placed on DCS Intranet and coordinated with the Judicial Center to offer the training to external legal partners. Prior to the implementation of the initiative, DCS will provide an one-day training to FCMS, FCM Supervisors, and Local Office Directors on the pilot initiative and the referral process.</del>	Q4, Q6, Q8	MB Lippold, A. Green and A. Brown (Indiana Judicial Center)	<del>Roll-out training calendar and sign-in sheets, Q4. Percentage of DCS and Courts staff/external partners trained, Q6 and Q8. Training Curriculum and Roster of Attendees</del>		discussed during Q3 can and proposed amendments agreed upon	
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	<b>New Step:</b> 3.3. (d). An additional step will be included in the AID procedures for the identified regions to make a referral to the fatherhood initiative pilot during the locating/search process.	Q6	D. Judkins	Modified AID procedures and Instructional Steps provided to the Field in those regions.		discussed during Q3 can and proposed amendments agreed upon	

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3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	<b>New Step:</b> 3.3. (e). Field Operations will monitor the use of the US Search report in the identified regions for possible increase in search efforts.	Q7	D. Judkins	Outcome of US Search Report and Comparative Data (per annual PIP visit) in 3 regions with before/after results		What does State envision the comparative data to look like? Is it an increase in the % of US Search reports conducted? Will it be able to be broken out into non-custodial parent and other relatives? We need to put Evidence of Completion in context of what IN wants to accomplish.-----discussed during Q3 call - Monthly US Search spreadsheet with utilization info and whether fosterh are engaged -----f/u discussion during annual PIP visit to clarify EOC for Q7, US Search is used as a last resort to find families	

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3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	<b>New Step:</b> 3.3. (f). Outcome measures for the Initiatives will be established and reports will be generated quarterly.	Q5 Q7	M. Lippold and L. Rich	Quarterly Outcome Report	<b>See Appendix Q5- 3.3 f Casey Fatherhood Quarterly Report.</b>	discussed during Q3 call - believe we added Q7 for EOC also----- f/u discussion during annual PIP visit to confirm EOC for Q 5 & 7	
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	<b>New Step:</b> 3.3. (g). Staff who oversee the Marion County Fatherhood initiative and the new fatherhood initiatives will generate <del>monthly</del> <b>quarterly</b> Fatherhood Tips statewide via email. The tips will aid field staff with fatherhood engagement techniques and address barriers to fatherhood involvement.	Q5-Q8-Q5 & Q7	L. Rich	Monthly Fatherhood Tips	<i>A fatherhood tip was issued in June 2010 to all field staff reiterating the importance of locating and engaging absent fathers. See Appendix Q5 - 3.3 g Fatherhood Tip.</i>	discussed during Q3 call - believe we narrowed reporting quarters to Q5 & Q7----- confirmed reporting quarters to Q5 & Q7 during annual PIP visit and changed Fatherhood Tips from monthly to quarterly	

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- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes. DCS will collaborate with the Court Improvement Project (CIP) to address barriers to TPR filings and to actively pursue adoption as the permanency goal.	3.4. (a). Develop a plan to implement the Permanency Project Pilot Court/DCS initiative to improve the permanency outcome. New Step: 3.4 (a). DCS will inform Judges on current permanency efforts by attending a Child Welfare Improvement Committee meeting to present the 6-month legal staffing form and permanency data report. The permanency data report illustrates the children awaiting permanency post TPR and children who are awaiting TPR finalization.	Q1-Q4 Q7	D. Judkins, J. Lozer, and A. Reid Brown	Implementation Plan Meeting Notes and Outcome of Meeting	During Quarter 1, Deputy Directors from Field Operations, Legal, Practice Support along with Region 14's manager and CIP administrator met to discuss how the Permanency Pilot Project will be implemented in the Pilot counties. (See Appendix F: Implementation Plan worksheet) DCS met with the CIP Judges Committee Members on May 7, 2010 and during the meeting it was discussed that over 1600 cases were originally listed in the stuck cases report and this generated some interest and surprise. DCS further disclosed that the list would be "cleaned up" to reflect proper ICWIS closures, documenting "file and dismiss" cases and other data entry corrections. The judges were informed that the list of these cases would be provided during the June Judges conference. In addition, discussed the legal staffing process for cases 6 months post-dispositional and the push internally to move these cases to permanency and that judges should expect similar assertiveness at key case intervals. See Appendix Q4 - 3.4 a Meeting outcome notes	One suggestion is that this report be made available on a routine basis to track progress. Also, suggest that collaboration between DCS and either CIP or the courts on a higher level, continue to meet to keep a focus on those youth who still have not reached permanency. Perhaps this can take place at the local level so that DCS legal and local judiciary can address barriers on cases and provide input to state level staff. Another suggestion is to submit status update in Q7 re: 1) continued efforts to collaborate on a higher level, 2) summary of issues ID'd through reporting process, and 3) next steps.	

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3) Engage multiple partners to protect children in their community through cooperation and communication.	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes. DCS will collaborate with the Court Improvement Project (CIP) to address barriers to TPR filings and to actively pursue adoption as the permanency goal.	3.4.(b). Ensure the three counties selected will continue collaboration between the Local office directors and Juvenile Judges. 3.4. (b)DCS will assist CIP with the development of permanency topics to be discussed at the Annual Juvenile Judges Conference including the following: barriers to timely TPR filings and hearings, locating adoptive families for legal risk youth, timeliness of adoptions and the reconstruction of the Special Need Adoption Program (SNAP).	Q2-Q5	D. Judkins, J. Lozer, L. Rich and A. Reid Brown (Indiana Judicial Center)	Meeting minutes- (Itinerary topics and outcome of forum)	<del>See Appendix BB :Meeting summary-</del> Director Payne and General Counsel Jeff Lozer attended the Judges Permanency Symposium in June 2010 and presented on permanency issues and commonly known systemic barriers that prevent cases from moving forward. In conjunction with the presentation, DCS distributed permanency packets to the local Juvenile Judges. <b>See Appendix Q5 - 3.4 (b) Itinerary and Handout</b>	<del>Is this being revisited based upon our renegotiation discussing in 2/10? Meeting notes don't really address the issue or give a sense of the urgency for permanency for children. How can courts be engaged in a more meaningful manner? We would like to discuss how this will work on an ongoing basis to get at the heart of permanency for children and address barriers to permanency on an ongoing basis. What system will be put in place?</del>	

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3) Engage multiple partners to protect children in their community through cooperation and communication.	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes. DCS will collaborate with the Court Improvement Project (CIP) to address barriers to TPR filings and to actively pursue adoption as the permanency goal.	(new) 3.4. (c) DCS will prepare permanency packets to distribute to each Judge during the Juvenile Judges conference. The packets will include QAR results that reflect the timeliness of hearings in each county as well as a report of stuck TPR cases in which TPR decrees were entered prior to December 2009.	Q5	D. Judkins, J. Lozer, and A. Green	Permanency Packets distributed	The permanency packets distributed at the June Judges Symposium included QAR data that ended in December 2009. The data outlined the hearing timeframes for detention, dispositional, permanency and TPR hearings and indicated the counties that appeared to have delays in timeliness for each hearing category. In conjunction, DCS identified cases which had TPR dates entered in December 2009 or earlier and the child still hadn't reached permanency. The judges were receptive to this information and requested updated packets on an bi-annual basis. A few judges have followed up with the General Counsel to problem solve on how to move these cases forward. At the Annual PIP Meeting in August 2010, ACF indicated that a summary could be provided in lieu of copies of the actual packets distributed.		

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3) Engage multiple partners to protect children in their community through cooperation and communication.	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes. DCS will collaborate with the Court Improvement Project (CIP) to address barriers to TPR filings and to actively pursue adoption as the permanency goal.	(new) 3.4 (d). DCS' Legal and Field Operations staff will collaborate with the court staff in each county to ensure the timeliness issues tracked in the QAR results as well as the stuck TPR cases identified are monitored and progression is made.	Q7	D. Judkins, J. Lozer, A. Reid Brown (Indiana Judicial Center)	Outcome of the collaboration and update on Identified TPR cases			
<del>3) Engage multiple partners to protect children in their community through cooperation and communication.</del>	<del>3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes. DCS will collaborate with the Court Improvement Project (CIP) to address barriers to TPR filings and to actively pursue adoption as the permanency goal.</del>	<del>3.4. (c.) Develop a review process for cases selected. DCS will prepare a Director's note or Admin letter to educate field staff, courts, and adoptive parents, whose children are currently ineligible for IV-E adoption assistance, on possible financial assistance with the TANF delinking process through Fostering Connections.</del>	<del>Q3-Q6</del>	<del>D. Judkins and J. Lozer</del>	<del>Formalized process in which the cases were selected. Update on the delinking process. Communication, via Director's note or Admin letter to field staff, courts and adoptive parents.</del>	<del>Discussion during 6-2-10 Federal call indicated that this step had minimum relevance or impact on permanency. Suggested removal of step.</del>		
<del>3) Engage multiple partners to protect children in their community through cooperation and communication.</del>	<del>3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes.</del>	<del>3.4.(d). Generate checklist for cases reviewed in order to move cases to permanency.</del>	<del>Q3</del>	<del>D. Judkins and J. Lozer</del>	<del>Checklist</del>			

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<del>3) Engage multiple partners to protect children in their community through cooperation and communication.</del>	<del>3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes.</del>	<del>3.4.(e) Create and implement plan to share effective strategies with local offices and court staff.</del>	<del>Q5</del>	<del>D. Judkins and J. Lozer</del>	<del>Information disseminated to the field with statewide implementation roll-out plan.</del>			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.5. DCS - Johnson County will continue collaboration with Johnson County Circuit Court to manage CIP funded pre-hearing facilitation program.	3.5. (a). DCS Johnson County will provide semi-annual reports on the progress of the initiatives outlined in the funded program.	Q2, <del>Q4</del> , Q6, <del>Q8</del> Due date changes approved 3-10-10	D. Judkins and J. Lozer	DCS Johnson County Court Progress report to CIP	(See <b>Appendix CC</b> : Johnson County CIP Program Status Report).	It's not clear what time frame the report covers - is it through 12/09 or earlier? The report indicates that contested hearings have been reduced, and the average length of time to progress through court has been reduced. What's missing is the data that supports this. Does the CIP have this data available? It should be included in subsequent reports as should the timeframe addressed in the report. ----- Disputed for Q5, but the data is Q4 & Q5	Q2 report completed 3/3/2010
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.6. DCS - Marion County will continue collaboration with Marion County Superior Court to CIP-funded Pre-hearing mediation and facilitations program for CHINS cases.	3.6. (a). DCS Marion County will provide Semi-annual report on the progress of the initiatives outlined in the funded program.	Q2, <del>Q4</del> , Q6, <del>Q8</del> Due date changes approved 3-10-10	D. Judkins and J. Lozer	DCS Marion County Court Progress report to CIP.	(See Appendices: DD.1. Marion County Facilitation and Mediation Report and DD.2. Marion County Model Court Report on Mediation Program).	report includes periods prior to implementation of the PIP. Data is included which indicates that mediation is impacting contested hearings.	Q2 report completed 3/3/2010

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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.7. DCS - Tippecanoe County will provide semi-annual report on the progress of the initiatives outlined in the funded program.	3.7. (a). DCS Tippecanoe County will provide semi-annual report on the progress of the initiatives outlined in the funded program.	Q2, <del>Q4</del> , Q6, <del>Q8</del> - Due date changes approved 3-10-10	D. Judkins and J. Lozer	Tippecanoe County Court progress report to CIP.	(See <b>Appendix EE</b> : Tippecanoe County CIP Program Status Report)	report includes periods prior to implementation of the PIP. Data is included which indicates that mediation is impacting contested hearings.	Q2 report completed 3/3/2010
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.8. Positive outcomes reported from the CIP/DCS mediation and facilitation programs will be used to develop a statewide implementation plan.	3.8.(a). Field Operations will review the progress reports from the listed counties and develop a taskforce with CIP on how similar initiatives can be implemented statewide.	<del>Q4</del> , Q6	D. Judkins and A. Brown (Indiana Judicial Center)	<del>Outcome of taskforce and statewide implementation plan, Q4: Update on Implementation, Q6: Outcome of Data, Q6 approved 3-10-10</del>		3-10-10: Renegotiated - budget concerns impact statewide implementation and would like addl time to discuss with CIP	

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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.9. DCS will collaborate with IDOE (Indiana Department of Education) on the development and implementation of education advocates for wards.	3.9. (a). DCS and IDOE will draft educational advocate language and determine the job description/role of an educational advocate.	Q3	J. Lozer	Educational advocate language and job description.	<i>DCS, Department of Education, and all state agencies have been placed under a hiring freeze. No funds were appropriated for regional education advocate positions and it is uncertain when and if such funds will be appropriated. However, DCS and IDOE have teamed together to help support the expansion of the Foster Youth Education Initiative into Indiana and the Indianapolis region in particular. The initiative focuses on identifying foster children and foster youth with unmet educational needs and ensuring they receive appropriate educational advocacy and opportunities. Each school system will appoint a foster youth education liaison and DCS will appoint a counterpart in its Marion County office. These liaisons will operate as education advocacy experts. This network of experts will include individuals in the provider community, Guardian Ad Litem and CASAs, and attorneys in private practice. Implementation is expected to commence on or about November 1, 2010 and will include initial training and recruitment efforts by IDOE and DCS.</i>	Can Indiana share any materials on the Foster Youth Education Initiative or point to a website on this to help better understand the principles and tenets of the program and how it plays out in the field? This would be helpful to us. How will these youth be identified? Suggest we consider renegotiation of 3.9 to better represent the intent of moving to the Foster Youth education initiative. Some things to consider include: how youth will be identified, what role the FCM and courts will play in the initiative, how case plan development will incorporate the initiative, any special training that will be needed for the advocate. We'd like to have a discussion on how this will play out in practice. Also consider how this can be aligned with 4.3 where foster parents, FCMs and supervisors are being trained as educational surrogates. Can a bridge be built between the DCS/DOE point person in each office and the foster	Approved during 6/2-10 conference call
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.9. DCS will collaborate with IDOE (Indiana Department of Education) on the development and implementation of education advocates for wards.	3.9. (b). Continue collaboration with IDOE to determine the funding source for the advocates and the development of the pilot plan for certain regions.	Q7	J. Lozer	Outcome from collaboration and pilot plan.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1.(a). The Individual Training Needs Assessment Tool (ITNA) will be completed for all FCMs with the FCM supervisor.	Q4	MB Lippold	ITNA training protocol	<i>See Appendix 4.1 a (1) ITNA Training protocol</i>	how were staff informed of the ITNA and oriented to it? Was there a formal training or self-guided? -----discussed during annual PIP visit	complete based on Q4 report and discussion at annual PIP visit

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Indiana Department of Child Services



State of Indiana  
Mitchell E. Daniels Jr., Governor - James W. Payne, Director  
402 West Washington Street, Room W392 / Indianapolis, IN 46204-2739

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4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (b). Once training needs are identified the curriculum developed will include a catalog of courses available to FCMS that will include classroom training, web-based e-learning modules, and video conferencing training.	Q6	MB Lippold	Course catalog			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (c.) A schedule for needs-based training courses will be published and distributed to FCMS to review.	Q6	MB Lippold	Training schedule			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (d). FCMS will attend classes and complete all requirements including evaluation summary.	Q8	MB Lippold	Published evaluation data based on satisfaction surveys completed and reviewed for training effectiveness.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1.(e). Form a committee to identify and secure additional funding for cost-effective trainings held outside the partnership for Child Welfare Training and Education, and establish a protocol on how FCMS can access these funds.	Q2	MB Lippold	Protocol developed and approved by the Director.	(See <b>Appendix FF</b> : Admin letter on External Trainings).	Does Indiana have any feedback on how the systems is working? ----- supplemental anecdotal info provided.	Q2 Completed 3-3-10
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1.(f). Develop a policy to determine the required in-service training hours for FCMS each year.	Q3	MB Lippold and A. Green	Policy	See <b>Appendix VV</b> : Policy	no comment	completed with Q3 report

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4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (g). Development of a comprehensive training record information system to track all trainings attended and completed by FCMs.	Q3	MB Lippold	Tracking reports generated to show number of hours completed.	<i>This report reflects completed learning for an employee. It produces a list of all DCS trainings taken by the participant. The trainings are described by Course Name and it includes New Worker trainings, Experienced Worker trainings, Supervisors trainings and Computer-based trainings. The completion dates and hours received from each course is also indicated in this report. (See <b>Appendix WW</b> : ELM Report)</i>	no comment	completed with Q3 report
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2. (a). Develop Director's Note to inform all DCS staff of the plan to transition FAKT training from Programs and Services Department to the Staff Development Department.	Q6	L. Rich and MB Lippold	Director's Note			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2. (b). During transition, Training staff will review current FAKT curriculum and identify areas to improve based on TEAPI model as well as update pre and post foster parent training materials to include more reality-based and situational learning.	Q6	MB Lippold	Documentation of FAKT curriculum review and revised FAKT training curriculum.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2.(c.) DCS Hispanic Initiative Program Manager will review current FAKT forms and training materials to ensure the use and correctness of the Spanish Language.	Q2	D. Judkins	Updated bilingual materials/curriculum	<i>Updates and corrections were made to the FAKT forms and training curriculum to reflect correct terminology of the Spanish language. (See <b>Appendix GG</b> : Updated forms and training curriculum).</i>	no comments	Q2 Completed 3-3-10

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4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2. (d). Staff development will develop a plan to have training available for Spanish Speaking foster parents.	Q5	MB Lippold	Plan completed with an implementation timeline.	<i>The entire pre-service training curriculum has been reviewed and translated into Spanish by our Hispanic Initiative Program Manager. When Staff Development is made aware that a potential limited-English speaking foster parent is interested in the licensing process, the Hispanic Initiative Program Manager will contact them to arrange a time that she can come to meet them and train them one on one. She will then contact the family Regional Foster Care Specialist to advise that the training portion of the licensing requirements are completed. This will occur on an as needed basis. For a potential limited-English speaking foster parent whose primary language is anything except Spanish, the Hispanic Initiative Program manager will make arrangements for them to have an interpreter in their native language.</i>	how do staff know that this process is available?	complete with Q4 report
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.3. DCS will train foster parents, FCMs and FCM Supervisors on how to become educational surrogates.	4.3. (a). DCS will incorporate the educational surrogate training into FAKT training.	Q7	MB Lippold	FAKT training curriculum			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.3. DCS will train foster parents, FCMs and FCM Supervisors on how to become educational surrogates.	4.3. (b). Provider practice guidance or policy tips to FCMs on how to secure an educational surrogate for children in placement, primarily special education students, as well as practice tips on how to advocate on behalf of the child to ensure educational needs and/or plans or met.	Q3	A. Green	Policy tips and practice guidance.	<i>See Appendices : XX.1 Policy Email to staff and XX.2 Policy</i>	We seem to be missing page 2 of the policy. Can this be shared with us? What seems to be missing is what steps FCMS and foster parents can take if they are presented with barriers to getting appropriate testing or an esp for a child. Is there an appeal process in the DOE that can be utilized. Who will know how to access this - will DCS have a protocol for when such a process should be accessed? - -----discussed during Q4 call. policy focuses on IEPs, and surrogacy. Will provide link to	Approved during 6-2-10 conference call

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 Indiana Department of Child Services



State of Indiana  
 Mitchell E. Daniels Jr., Governor - James W. Payne, Director  
 402 West Washington Street, Room W392 / Indianapolis, IN 46204-2739

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Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.3. DCS will train foster parents, FCMs and FCM Supervisors on how to become educational surrogates.	4.3. (c.) DCS will provide a Computer-Assisted Training on how to become educational surrogates available to FCMs and FCM Supervisors. Training will be tracked through Enterprise Learning Management System (ELMS) for all who completed the training. <b>Proposed revised step:</b> DCS will develop an informational program to advise foster parents on how to access existing surrogate training statewide.	Q7	MB Lippold and D. Judkins	CAT training completed and ELMS report of staff trained. <b>Informational program provided to field staff and foster parents</b>	DCS proposes the change in this step because foster parents can be surrogates but DCS staff can not. Field staff will receive this information and use it as reference so they can be informed when sharing it with foster parents.		
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.3. DCS will train foster parents, FCMs and FCM Supervisors on how to become educational surrogates.	4.3. (d). The Foster Care specialization units will generate a report of foster parents who become educational surrogates and provide additional supports as needed.	Q8	D. Judkins	List of foster parents/educational surrogates			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.4. Enhance Practice Indicator review process to measure safety more effectively.	4.4. (a). Expand definition of safety in practice indicator to measure safety more effectively.	Q1	D. Judkins	Revised practice indicator	The Practice Indicator safety definition was expanded to mirror the federal safety definition. The revised practice indicator and modified absence of maltreatment report will be available in Q2 (PIP item 4.4.b) reflecting the expanded definition. (See <b>Appendix G</b> : Expanded Safety Definition)	copy of the definition logic was received with 1st QSR	completed with submission of 1st QSR on 10/7/2009
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.4. Enhance Practice Indicator review process to measure safety more effectively.	4.4.(b). Utilize State practice tracking system (Practice Indicators -PI) to make the PI mirror the CFSR process. This will require modifying the PI report for the absence of repeat maltreatment and creating a new PI report to capture the absence of child abuse and/or neglect in a foster care setting.	Q2	D. Judkins	New PI created and modified absence of maltreatment report.	The new practice indicator report and Absence of Maltreatment report have been modified to reflect the expanded safety definition provided in Q1. (See <b>Appendices</b> : HH.1. New PI Report and HH.2. Modified Absence of Maltreatment Report).	no comments	completed with submission of 2nd qtr report
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.4. Enhance Practice Indicator review process to measure safety more effectively.	4.4.(c). Based on maltreatment measurements across state, Regional Managers will develop strategies that will address the frequencies in maltreatments for each region. Each region will implement strategies developed and report progress in SAPs.	Q1	D. Judkins	Regional Strategic Action Plans	<b>See Appendix C</b> : (Excerpts from STAR Report)	At least one region identified a strategy which called for a CFTM prior to case closure and a number cited better attention to CFTMs. Others cited closer attention to data entry. Overall, the plans were specific to the particular Regions. We hope that IN continues to utilize the STAR to address PIP	complete with the submission of 1st QSR on 10/7/2009

Prepared by:  
CFSR Program Manager,  
Indiana Department of Child Services



State of Indiana  
Mitchell E. Daniels Jr., Governor - James W. Payne, Director  
402 West Washington Street, Room W392 / Indianapolis, IN 46204-2739

**Indiana Department of Child Services**  
**2009-2011 PIP Quarterly Report Update**  
**Quarter 5: June 1, 2010 to August 31, 2010**

Color Key:

- \* **Quarter 5 steps** - Yellow
- \* **Completed steps** - Gray
- \* **Partially Completed steps** - Tan
- \* **Deleted Steps** - Crossed Out
- \* **Pending Steps** - White

**Four PIP Strategies:**

- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
- 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Qtr Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.5. DCS will sustain clinical supervision supports by integrating the efforts into on-going staff training.	4.5.(a). Fill the clinical consultant vacancy. Continued expectation of this position is to facilitate group in-service trainings with supervisory and management staff regarding best practices in Clinical Supervision.	Q2	D. Judkins	Name of new staff and job description. Schedule/calendar of in-service trainings.	<i>The clinical consultant vacancy was filled in 2009. This position will provide clinical support to supervisors and local office directors by ensuring fidelity and maintenance of various practice reform applications. (See <b>Appendix II</b> : New Staff, job description, and schedule/calendar of in-service trainings).</i>	Purpose of workshop: ensure transparency and fidelity to practice model. Mgmt staff have availability of 360 evals where they are evaluated by their subordinates.	completed with submission of 2nd qtr report
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.5. DCS will sustain clinical supervision supports by integrating the efforts into on-going staff training.	4.5.(b). Clinical Consultant will meet with Deputy Director of Staff Development to devise a plan on how to integrate the clinical supervision techniques into on-going staff training.	Q3	D. Judkins and MB Lippold	Plan of outcome and implementation.	<b>See Appendix YY : Plan for Clinical Supervision Techniques</b>		complete with qtr 3 report
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.5. DCS will sustain clinical supervision supports by integrating the efforts into on-going staff training.	4.5. (c.) Clinical supervision techniques will be incorporated into New Supervisor training, Practice Model Supervision training and Leadership Training. Trainers will incorporate new material into appropriate modules.	Q4	MB Lippold	Curriculum developed and updated modules.	<i>In addition to the updated training modules, the Clinical Consultant will Co-Facilitate the quarterly Supervisory Workshop Series as well as the Supervisor Leadership Academy. See Appendix 4.5. C (1) Updated Modules</i>	The curriculum gets at the heart of supervision and provides opportunities for introspection. Guidance in working with staff is given	complete with q 4 report
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.5. DCS will sustain clinical supervision supports by integrating the efforts into on-going staff training.	4.5.(d). The Clinical consultant in collaboration with Peer Coach Consultants (Regionally-based staff) will develop a plan to mentor/coach staff on the fidelity of clinical supervision techniques as it relates to the implementation of the TEAPI model.	Q6	D. Judkins and MB Lippold	Outcome of plan developed.			

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